



**KENTUCKY BOARD OF  
EMERGENCY MEDICAL SERVICES**  
COMMONWEALTH OF KENTUCKY  
2545 LAWRENCEBURG ROAD  
FRANKFORT, KENTUCKY 40601  
PHONE: 502-564-8963  
FAX: 502-564-4687



**EMS Course Notification Report**

(To be submitted to KBEMS within 10 days of the commencement of the course.)

**Date of Report:** \_\_\_\_\_

Name of Training and Educational Institution: \_\_\_\_\_

Course Number: \_\_\_\_\_ - FR – B – P – EI – CE – Z

Chief Administrative Officer Name & Phone #: \_\_\_\_\_

Medical Director (if required) Name & Phone #: \_\_\_\_\_

Program Coordinator Name & Phone #: \_\_\_\_\_

The type of Course to be offered: \_\_\_\_\_

The location for this course: \_\_\_\_\_

Tentative Starting Date: \_\_\_\_\_

Tentative Ending Date: \_\_\_\_\_

Maximum Number of Students to be accepted into the program: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Instructor Certification Number: \_\_\_\_\_

Instructor Phone Number: \_\_\_\_\_

Instructor Email Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Program Coordinator

\_\_\_\_\_  
Date